# Annual Survey of Laboratory Testing Practices for *C. difficile* Infection

CDC's Emerging Infections Program - Clostridioides difficile Infection Surveillance

To be completed by surveillance officer
LABID#:
Completed By:
Date survey was completed:/
Was this a new laboratory in 2024?
○ Yes
○ No
Year added to surveillance:
Is this lab in another EIP site?
○ Yes
What state?
LabID in other EIP site:
○ No
Did this lab participate in surveillance in 2024?
○ Yes
○ No
How often did you receive line lists from this lab in 2024?
<ul> <li>Whenever there is a positive case</li> </ul>
Daily
○ Weekly
Monthly
Annually
○ Never
○ Other

Section 1: Laboratory Information

Public reporting burden of this collection of information is estimated to average 19 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

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Specify:
How did you receive line lists from this lab in 2024?
<ul><li>Electronic laboratory reporting (e.g. HL7 messaging)</li></ul>
○ Fax
○ Email
<ul> <li>Secure file transfer</li> </ul>
Other
Specify:
Did you receive specimens from this lab in 2024?
○ Yes
○ No
Was this lab audited in 2024?
Yes, in person
Yes, not in person
<ul><li>No, not in catchment</li><li>No, not audited</li></ul>
Specify reason:
Is this a private, commercial lab (e.g. Quest or LabCorp)?
○ Yes
○ No
Types of facilities in your catchment area served by this lab in 2024 (select all that apply):
Hospitals
C LTACHs
Cutrotion fooilities
Outpatient facilities

# Section 2: Survey

To be completed by lab personnel

Instructions: This survey is intended to capture testing practices at your laboratory between January 1, 2024 and December 31, 2024.

Pos		n of the staff who responded to the survey:  Laboratory Supervisor  Microbiology Supervisor  Other  Specify:
Off	site	Testing
1.	Did O	Always (no onsite testing performed)  LabID of Offsite Lab:  LabID of Offsite Lab:  LabID of Offsite Lab:  Which tests are done offsite, and at which point in the testing algorithm?
	$\bigcirc$	Not regularly, but when a test ordered by a physician cannot be performed onsite  Specify tests performed offsite:
	$\bigcirc$	Never (All testing performed onsite)
	$\bigcirc$	Unknown
	$\bigcirc$	Other
		Specify:

# **Testing Routine for CDI**

# 2a. Which testing method(s) for *Clostridioides difficile (C. difficile)* did your laboratory perform in 2024? (Choose all that apply. Include testing methods used for only part of the year or for only a specific subset of specimens, if applicable)

	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2024?	Specify when you used this test (e.g. at provider request, for outpatients, for inpatients with a length of stay > 3 days, for every specimen received)	Did you use this testing method in this way for all of 2024?	What date did you change?	What test did you use in this situation before this date?
GDH and EIA for toxin simultaneously, followed by NAAT for discordant results	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
NAAT, followed by EIA for toxin and GDH simultaneously if NAAT positive	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
NAAT, followed by EIA for toxin if NAAT positive	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
GDH, followed by NAAT if GDH positive	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
GDH and EIA for toxin simultaneously, followed by cell cytotoxicity neutralization assay (cytotoxin)	☐ Routinely ☐ Sometimes ☐ Never		□ Yes □ No		

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	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2024?	Specify when you used this test (e.g. at provider request, for outpatients, for inpatients with a length of stay > 3 days, for every specimen received)	Did you use this testing method in this way for all of 2024?	What date did you change?	What test did you use in this situation before this date?
GDH and EIA for toxin	☐ Routinely		☐ Yes		
simultaneously	☐ Sometimes ☐ Never		□ No		
EIA for toxin	☐ Routinely		□Yes		
	☐ Sometimes ☐ Never		□No		
Cell cytotoxicity	☐ Routinely		□ Yes		
neutralization assay (cytotoxin)	☐ Sometimes ☐ Never		□ No		
C. difficile-specific	☐ Routinely		□ Yes		
NAAT (e.g., PCR, LAMP)	☐ Sometimes ☐ Never		□No		
Multiplex GI panel	☐ Routinely		□ Yes		
NAAT	☐ Sometimes ☐ Never		□No		
Toxigenic culture (C.	☐ Routinely		□ Yes		
difficile culture followed by detection of toxins)	☐ Sometimes ☐ Never		□No		
Other (specify):	☐ Routinely		□ Yes		
	☐ Sometimes ☐ Never		□ No		

## **Testing Kits for CDI**

3a.	Wh	<b>ich EIA test kit was used by your laboratory in <mark>2024</mark>? (Check all that apply; see appendix for additional</b>
	exc	amples)
		Premier (Meridian) Toxins A & B
		Premier (Meridian) Toxin A
		Remel ProSpecT Toxins A & B
		TechLab Toxins A & B
		Inverness Medical/Wampole Toxins A & B QuikCheck
		Inverness Medical/Wampole QuikCheck Complete (Toxins A & B and Antigen)
		Antigen Testing
		Specify antigen testing kit name/manufacturer:
		Other
		Specify other kit name/manufacturer:
		N/A (Do not use EIA testing)
3b.	. Wh	ich Nucleic Acid Amplification test was used by your laboratory in 2024? (Check all that apply)
		BD-GeneOhm C. difficile
		BD MAX C. difficile
		Cepheid Xpert C. difficile
		Meridian Illumigene
		Prodesse (Gen-Probe) Progastro CD
		Luminex xTAG GPP
		Biofire Filmarray GI Panel
		Quidel AmpliVue C. difficile Assay
		Great Basin Portrait Toxigenic C. difficile Assay
		Nanosphere Verigene SP
		Other
		Specify other test:
		N/A (Do not use nucleic acid amplification)

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# Multiplex GI panels

IVIGIO	aprex or parters				
4a. If	4a. If your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG				
GPP)	GPP) to test for several GI pathogens in 2024, did your laboratory suppress the <i>C. difficile</i> result so that				
clinic	cians could not see it?				
	Yes, <i>C. difficile</i> result is always suppressed				
	Yes, C. difficile result is suppressed at clinician request				
	Yes, C. difficile result is suppressed but laboratory will release the result upon clinician request				
	Yes, C. difficile result is suppressed in certain situations				
	Specify:				
	No, clinicians always see <i>C. difficile</i> result				
	N/A (Do not use multiplexed molecular diagnostic)				
	f your laboratory used a multiplexed diagnostic in 2024 and the result was suppressed, where does the				
supp	ression occur?				
	C. difficile result is suppressed at the multiplexed molecular diagnostic instrument level (the result is not entered into the laboratory information management system (LIMS))				
	C. difficile result is suppressed at the laboratory information management system (LIMS) level				
	C. difficile result is suppressed somewhere else				
	Specify:				
	N/A (Do not use multiplexed molecular diagnostic or the result is never suppressed)				
Mult	tistep Algorithm Testing for CDI				
5a. If	your laboratory used a nucleic acid amplification test (NAAT) (e.g., Cepheid Xpert <i>C. difficile</i> ) as <u>first line</u>				
testir	ng followed by a toxin EIA test (whenever NAAT result is positive) in 2024, did your laboratory suppress				
the p	positive NAAT result so that clinicians could not see it?				
	Yes, NAAT result is always suppressed when NAAT result is positive and confirmatory toxin EIA result is negative				
	Yes, NAAT result is suppressed in certain situations				
	Specify:				
	No, clinicians always see the positive NAAT result				
	N/A (Do not use this type of multistep algorithm testing)				
5h If	f your laboratory used NAAT as first line testing <i>followed</i> by confirmatory toxin EIA testing in 2024, and				
	the NAAT and toxin EIA results were released to the clinician, did your laboratory provide any comments				
	elp the clinician interpret the test results (e.g., NAAT-positive only result might represent colonization,				
etc.)					
	<ul> <li>If yes, please specify the comments your laboratory uses to accompany the test results:</li> </ul>				
	5 11 yes, piease speeily the comments your laboratory uses to accompany the test results.				
	No, laboratory does not provide comments to accompany the test results				
_	/				

OMB No.	. XXX-XXXX
	<ul> <li>If yes, please specify the situations in which your laboratory provides comments and the</li> </ul>
	comments your laboratory uses to accompany the test results:
	N/A (Do not use this type of multistep algorithm testing or NAAT test result is always suppressed)
Testin	g Codes
	at are the LOINC or internal testing codes associated with the tests your lab used in 2024 (e.g. LOINC
codes	13957-6, 34713-8, or 54067-4)?
	Specify:
Labor	atory Policies
7. Did	your lab have a policy to reject stool specimens for <i>C. difficile</i> testing in 2024? (Read all options. Check
all tha	t apply, even if it only applies sometimes)
	Yes, when stools are formed (formed stools are defined as stools that do NOT take the shape of the
	container)
	Yes, if there was a positive stool specimen recently (e.g. within 24 hours, within 7 days)
	Yes, if there was a negative stool specimen recently (e.g. within 24 hours, within 7 days)
	Yes, will not accept more than one stool specimen in a 24 hr period
	Yes, if patient is on a specific medication (e.g. laxatives)
	No rejection policy
	Other rejection policies
	Specify other rejection policy:
7a. Dio	d your rejection policy for stool specimens change between January 1, <mark>2024</mark> and December 31, <mark>2024</mark> ?
$\subset$	) Yes
	What date did this change occur? / /
	Specify changes:
$\subset$	) No

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# 8. How many stool samples did you test for *C. difficile* each month in 2024?

Month	Stool samples tested	C. diff+ samples
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

# Appendix: Common C. difficile Test Kit Names and Manufactures

#### **EIA Toxin A & B**

Wampole\* Toxin A/B Quik Chek

Techlab\* C. difficile Toxin A/B II

BioMerieux Vidas C. difficile Toxin A/B

Meridian Immunocard Toxin A/B

Meridian Premier Toxin A/B

Remel Xpect C. difficile Toxin A/B

Remel ProSpecT Toxin A/B

#### **EIA Antigen (GDH)**

Wampole\* C. difficile Chek-60

Wampole\* C. difficile Quik Chek

Meridian Immunocard C. difficile

#### EIA Toxin A/B and Antigen (Simultaneous Testing)

Wampole\* C. difficile Quik Chek Complete

### **Nucleic Acid Amplification**

BD-GeneOhm C. difficile

Cepheid Xpert C. difficile

Great Basin Portrait Toxigenic C. difficile Assay

Luminex xTAG Gastrointestinal Pathogen Panel (xTAG GPP)

Meridian BioScience Illumigene

Nanosphere Verigene SP

Prodesse (Gen-Probe) Progastro CD

Quidel AmpliVue C. difficile Assay

#### **EIA for Toxin B Only**

Alere\* C. difficile Toxin B

<sup>\*</sup>Techlab, Inverness Medical, Alere, Wampole may be used interchangeably for these test kits